



**State of Tennessee
Department of State**

TENNESSEE SPORTS AGENT PERMIT APPLICATION

Enclose \$500.00 non-refundable
filing fee payable to:
Secretary of State
Do Not Send Cash

Return to: Elections Division
312 Eighth Avenue North
8th Floor Snodgrass Tower
Nashville, TN 37243
Phone: (615) 741-7956

PURSUANT TO T.C.A. §67-4-1702, YOU ARE REQUIRED TO PAY AN OCCUPATIONAL PRIVILEGE TAX TO THE TENNESSEE DEPARTMENT OF REVENUE.

(Please Print or Type — Use Extra Sheets if Needed to Provide Necessary Information.)

1. Applicant's Full Name: _____
(LAST) (FIRST) (M.I.)
2. Name of Business or Employer: _____
3. Principle Business Address: _____
(STREET)

(CITY) (STATE) (ZIP)
4. Telephone Number: () _____

5. List all businesses or occupations engaged in for the last five (5) years prior to date of submission of this application:

6. Describe applicant's formal training as an athlete agent:

7. Describe applicant's practical experience as an athlete agent:

8. Describe applicant's educational background, including, but not limited to, degrees and courses relating to applicant's activities as an athlete agent:

9. List names and addresses of three (3) persons not related to applicant who are willing to serve as references:

10. List the name, sport, and last-known team for each person for whom the applicant acted as an athlete agent during the last five (5) years prior to date of submission of this application:

11. List names and addresses of the following persons:
 - (A). If applicant's business is not a corporation, list all partners, members, officers, managers, associates, or profit-sharers of the business:

 - (B). If applicant is employed by a corporation, list all officers, directors, and shareholders of the corporation having an interest of five percent (5%) or greater:

12. Has applicant or any person named in Question 11 above been convicted of a crime that, if committed in Tennessee, would be a crime involving moral turpitude or a felony? ____ YES ____ NO

If answer is YES, give the jurisdiction, offense, and year of conviction:

13. Has applicant or any person named in Question 11 above been found by any administrative or judicial determination to have made a false, misleading, deceptive, or fraudulent representation? ____ YES ____ NO

If answer is YES, give the jurisdiction, offense, and year of determination:

14. Has applicant or any person named in Question 11 above exhibited conduct which resulted in the imposition on a student-athlete or educational institution of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event? ____ YES ____ NO

If answer is YES, give the name of the student-athlete or educational institution and year of sanction, suspension, or declaration of ineligibility:

15. Has applicant or any person named in Question 11 above sustained any sanction, suspension, or disciplinary action arising out of occupational or professional conduct? ____YES ____ NO

If answer is YES, give details:

16. Has applicant or any person named in Question 11 above experienced any denial of an application for, suspension or revocation of, or refusal to renew registration or licensure as an athlete agent in any state? ____ YES ____ NO

If answer is YES, give the jurisdiction and year of denial, suspension, revocation, or refusal to renew registration:

17. List any other state or jurisdiction in which you are licensed:

18. Are you at least eighteen (18) years of age? ____ YES ____ NO

I SUBMIT THIS APPLICATION AND AFFIRM ITS CONTENTS UNDER PENALTY OF PERJURY.

Executed this _____ day of _____ .

—

By: _____
(Signature)

(Title)

State of _____

County of _____

Sworn to and subscribed before me on the _____ day of _____ .

Notary Public Signature

(seal)

Printed or Typed Name

My commission expires: ____/____/____